

RETURN DATE: FEBRUARY 23, 2021 : SUPERIOR COURT  
CORRIN THOMPSON : J.D. OF NEW LONDON  
VS. : AT NEW LONDON  
PLANNED PARENTHOOD OF  
SOUTHERN NEW ENGLAND, INC.,  
and GARY NOBERT, M.D. : JANUARY 13, 2021

### COMPLAINT

#### Count One

1. At all times mentioned herein, the defendant Gary Nobert, M.D., was a duly licensed physician engaged in the practice of medicine.
2. At all time mentioned herein Dr. Nobert was board certified in obstetrics and gynecology and held himself out to be a specialist in that discipline.
3. Pursuant to General Statutes § 52-190a, the plaintiff, Corrin Thompson, by and through her attorneys, has obtained and provided an opinion letter from a healthcare provider similar to Dr. Nobert, a redacted copy of which is attached hereto as Exhibit A, and has executed a certificate of reasonable inquiry and good faith, attached hereto as Exhibit B.
4. The plaintiff sought and received medical, surgical care, obstetric, and gynecological treatment from the defendant, Dr. Nobert, on or about January 15, 2019.
5. When the plaintiff sought and received said treatment, she was pregnant.

6. On the aforementioned date, Alexandra West, M.D., was a resident physician working under Dr. Nobert's supervision.

7. On the aforementioned date, the Dr. Nobert and Dr. West, performed a surgical abortion on the plaintiff, including a dilation and curettage procedure.

8. All treatment rendered to the plaintiff by Dr. West was performed under Dr. Nobert's supervision.

9. In supervising and/or performing the aforementioned surgical abortion, Dr. Nobert failed to meet the prevailing standard of medical care, which constituted medical negligence, in that he:

- a. Failed to employ an osmotic dilator or cervical ripening agent preoperatively;
- b. Failed properly utilize and interpret intraoperative ultrasound imaging;
- c. Repeatedly attempted to remove tissue while experiencing an unacceptable degree of resistance;
- d. Failed to provide due consideration to standard anatomical landmarks; and
- e. Failed to properly supervise Dr. West in performing the procedure.

10. As a direct and proximate result of the aforementioned departures from the standard of care, the plaintiff suffered the following serious and severe injuries:

- a. Perforated uterus;

- b. Perforated bowel;
- c. Need for emergency hysterectomy
- d. Need for emergency bowel resection; and
- e. Need for emergency unilateral salpingo-oophorectomy;

11. As a result of the aforementioned injuries, the plaintiff incurred bills for medical care and treatment.

12. As a result of the aforementioned injuries, the plaintiff has and will continue to suffer from great pain and mental anguish, and emotional distress.

13. As a result of the aforementioned injuries, the plaintiff's ability to become pregnant has been destroyed.

14. As a result of the aforementioned injuries, the plaintiff's ability to have children biologically related to her has been destroyed.

15. As a result of the aforementioned injuries, the plaintiff's ability to enjoy life's activities has been permanently impaired.

**Count Two**

1-9. Paragraphs one (1) through nine (9) of Count One are realleged here as paragraphs one (1) through nine (9) of this Count Two.

10. At all relevant times mentioned herein, Dr. Nobert was an agent, servant, and/or employee of the defendant Planned Parenthood of Southern New England, Inc. (“Planned Parenthood”), acting within the scope of his employment, agency, and/or apparent agency.

11. At all relevant times mentioned herein, Dr. West was an agent, servant, and/or employee of the defendant Planned Parenthood of Southern New England (“Planned Parenthood”), acting within the scope of her employment, agency, and/or apparent agency.

12. In supervising performing the aforementioned surgical abortion, Dr. West failed to meet the prevailing standard of medical care, which constituted medical negligence, in that she:

- a. Failed to employ an osmotic dilator or cervical ripening agent preoperatively;
- b. Failed properly utilize and interpret intraoperative ultrasound imaging;
- c. Repeatedly attempted to remove tissue while experiencing an unacceptable degree of resistance; and
- d. Failed to provide due consideration to standard anatomical landmarks.

13. As a direct and proximate result of the aforementioned departures from the standard of care, by Planned Parenthood’s employees, agents, and/or servants, the plaintiff suffered the following serious and severe injuries:

- a. Perforated uterus;
- b. Perforated bowel;

- c. Need for emergency hysterectomy
- d. Need for emergency bowel resection; and
- e. Need for emergency unilateral salpingo-oophorectomy;

14. As a result of the aforementioned injuries, the plaintiff incurred bills for medical care and treatment.

15. As a result of the aforementioned injuries, the plaintiff has and will continue to suffer from great pain and mental anguish, and emotional distress.

16. As a result of the aforementioned injuries, the plaintiff's ability to become pregnant has been destroyed.

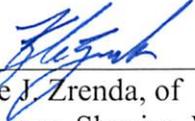
17. As a result of the aforementioned injuries, the plaintiff's ability to have children biologically related to her has been destroyed.

18. As a result of the aforementioned injuries, the plaintiff's ability to enjoy life's activities has been permanently impaired.

WHEREFORE, the plaintiff claims fair, just, and reasonable damages.

THE PLAINTIFF,

CORRIN THOMPSON

By:   
\_\_\_\_\_  
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Her Attorneys

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**STATEMENT OF AMOUNT IN DEMAND**

1. The amount, legal interest or property in demand is Fifteen Thousand and 00/100 Dollars (\$15,000.00), or more, exclusive of interest and costs.
2. The Plaintiff claims fair, just, and reasonable damages.

THE PLAINTIFF,

CORRIN THOMPSON

By:   
\_\_\_\_\_  
Kyle J. Zrenda, of  
Suisman, Shapiro, Wool, Brennan,  
Gray & Greenberg, P.C.  
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Her Attorneys

# EXHIBIT A

[REDACTED]

[REDACTED]

January 21, 2020

Dear Mr. Zrenda,

At your request, I have reviewed the medical records of Ms. Corrin Thompson (DOB: 8/25/1989) for care rendered at Planned Parenthood of Southern New England, New London Family Practice, Hartford Hospital and Hartford Healthcare during the period between November 20, 2018 & April 15, 2019. Specific attention was directed to the standard of medical care exercised during the I&E procedure performed by Dr. Gary Nobert & Dr. Alexandra West on January 15, 2019. My findings provided in this letter are based on a reasonable degree of medical certainty.

I received my Bachelor of Arts from The College of the Holy Cross, Worcester, MA in 1986, a Doctorate in Medicine from the University of Pittsburgh, PA in 1990 and completion of a residency in Obstetrics & Gynecology from The Western Pennsylvania Hospital, Pittsburgh, PA in 1994. I have been Board Certified by the American Board of Obstetrics & Gynecology since 1996. I currently am practicing Obstetrics & Gynecology and maintain privileges in the practice of Obstetrics & Gynecology at NYU Langone

Medical Center & Lenox Hill Hospital, both in New York City NY where I am responsible in the supervision of resident physician provided care.

It is my medical opinion that due to a breach in acceptable standards of care during the performance of the D&E procedure that Ms. Thompson was rendered in a condition that ultimately required an emergency hysterectomy with also the removal of one ovary. The necessity to perform a hysterectomy was directly related to the severity of complications suffered during the D&E and further lasting harm in a permanent loss of reproductive potential.

In a thorough review of the procedure, with attention to the technique described in the surgeon's operative report, three particular deviations from accepted standards in the specialty of Obstetrics & Gynecology directly contributed to the severity of the resulting injury and the ultimate measures undertaken to correct these injuries.

The three deviations were (1) a failure to employ an osmotic dilator or cervical ripening agent to reduce the risk of cervical laceration &/or perforation (2) failure to properly utilize and interpret ultrasound imaging during the procedure (3) repetitive failed attempts to remove tissue while experiencing significant resistance and ignoring the standard anatomical landmarks which would have indicated improper location.

With regards to failure to employ an osmotic dilator or cervical ripening prior to the procedure, the patient who was determined to have been in the 16th week of gestation suffered a significant injury to the right lateral side of her uterus. The intra-operative assessment at the time of the exploratory laparotomy upon arrival at Hartford Hospital prior to the surgical team's decision to proceed with a hysterectomy was that the patient had a 4 cm long lower uterine perforation. Lack of cervical preparation prior to the D&E procedure would contribute to a greater difficulty in safely navigating the cervical canal and increased the risk of creating the lateral perforation.

With a failure to properly utilize &/or interpret the ultrasound imaging during the D&E procedure, the surgeon subjected the patient to multiple transgressions outside of the uterine cavity. The proper use of the ultrasound images would have allowed the surgeon to visualize the location of the uterine cavity relative to the devices used to remove the fetus & placental tissue and also detect any migration of the devices outside of its proper

[REDACTED]

location in order to stay within the confines of the uterine cavity.

Finally, the severity of the perforation and the apparent multiple attempts to remove tissue against significant resistance from a location significantly off course from the mid line of the patient demonstrate a failure to remain mindful of the surgeon's location and evaluate the operative course for potential complications. Based on the point of the perforation and the portion of the bowel injured, a failure to consider that an initial perforation of the uterus had occurred based on the angle of the devices and their depth within the uterus was conducted in a manner below acceptable standards of care. This was further compounded by the repetitive attempts in a similar manner while experiencing resistance to remove tissue when appropriate standards of care would have called for a re-evaluation of the situation encountered. Had this standard to remain attentive to the direction & depth of the devices been employed the patient would have likely been spared the need for an extensive correction of complications requiring the removal of her uterus and resection of a portion of her bowel.

In conclusion, deviations from the standard of care during the performance of the D&E under the care of Drs. Norbert & West directly contributed to the severity of injuries sustained to the uterus & bowel and the necessity & consequences of the decision for their removal.

Sincerely,  
[REDACTED]

# EXHIBIT B

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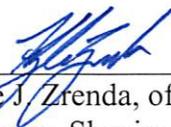
**CERTIFICATE OF REASONABLE INQUIRY**

I certify that I have made a reasonable inquiry, as permitted by the circumstances, to determine whether there are grounds for a good faith belief that there has been negligence in the care or treatment of the claimant. This inquiry has given rise to a good faith belief on my part that grounds exist for an action against each named defendant.

I have obtained a written, signed opinion of a similar health care provider, as defined in General Statutes § 52-184c, that there appears to be evidence of medical negligence having caused the injuries and damages outlined in the complaint, and detailing the basis for that opinion. I have retained the original, signed opinion letter, and have attached a copy to this complaint, with the name and signature of the similar health care provider expunged, as provided by General Statutes § 52-190a(a).

THE PLAINTIFF,

CORRIN THOMPSON

By:   
\_\_\_\_\_  
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